Photo Essay

An unusual intraocular foreign body: Intravitreal cilium following scleral buckling for retinal detachment repair

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Key words: Cilium, foreign body, intravitreal

A 40-year-old high myope had retinal detachment for which he underwent scleral buckling, 18 years ago in 1999. The buckle was removed 6 years later in 2005 because of an infection at the buckle site. He was on a regular follow-up during which a single, intraocular cilium was seen inferiorly at 6 O' clock and has remained stable up to 2017, which is 12 years after buckle removal. It was a complete cilium with the root, basal portion, shaft, and tip with the tip being partially embedded in the retina and the shaft floating into the vitreous cavity [Fig. 1]. However, he is doing very well with stable vision (20/100), intraocular pressures (15 mmHg), and the retina being attached.

Discussion

Intraocular cilia have been reported following open globe ocular trauma[1] and have been found intraocularly several years post penetrating ocular trauma.[2] They have rarely been seen following cataract surgery.[3,4] Teo *et al*. reported a case of intraocular cilia associated with retinal detachment and panophthalmitis.[5] Our case is peculiar because there was no history of penetrating trauma or intraocular surgery. The cilium appears to be from the eyelid of the patient which had possibly entered the eye through a scleral microperforation caused during buckle removal. The exposed buckle and displaced conjunctiva along with the concurrent inflammation can thin the sclera at the site of exposure. This can predispose to scleral microperforation during surgical manipulations while removing the infected buckle. At that time, the cilium might have been partly intraretinal and probably got embedded further due to the intraocular vitreous movement. The cilium has remained inert without

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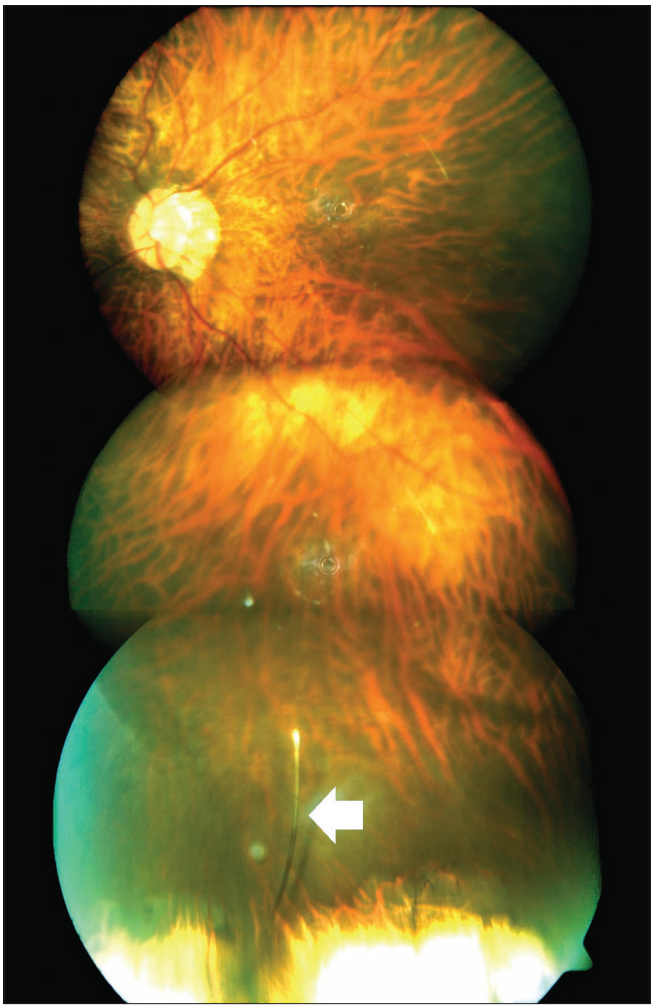

Figure 1: A montage image of the left eye showing an attached retina postscleral buckling. An intravitreal cilium is seen (white arrow) – with the tip being partially embedded in the retina and the root, basal part, and shaft protruding into the vitreous cavity inferiorly. There is no intraocular inflammation as evidenced by the media clarity

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causing any inflammation, infection, or granulomas which is evidenced by a clear ocular media, for more than 18 years.

Conclusion

We report an unusual case of intraocular cilium following scleral bucking for retinal detachment.

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Conflicts of interest

There are no conflicts of interest.

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